

EVALUATION FORM

Your Name (optional): _____

PLEASE RATE THE FOLLOWING:

Directions:	On a scale of 1-5 (5 being the highest and 1 being the lowest) rate by circling the number reflecting your opinion.	Circle one number for each question
		Low High
1.	What was your knowledge of mental health issues prior to the broadcast?	1 2 3 4 5
2.	What was your knowledge of pharmacology issues prior to the broadcast?	1 2 3 4 5
3.	Please Rate the Effectiveness of Session Faculty (mental illness)	
	a. Overall Teaching Effectiveness	1 2 3 4 5
	b. Relevance To Your Planning Process	1 2 3 4 5
	c. Significant Increase in Knowledge	1 2 3 4 5
4.	Please Rate the Effectiveness of Session Faculty (pharmacology)	
	d. Overall Teaching Effectiveness	1 2 3 4 5
	e. Relevance To Your Planning Process	1 2 3 4 5
	f. Significant Increase in Knowledge	1 2 3 4 5
5.	Please Rate the Effectiveness of Session Faculty (panelists)	
	g. Overall Teaching Effectiveness	1 2 3 4 5
	h. Relevance To Your Planning Process	1 2 3 4 5
	i. Significant Increase in Knowledge	1 2 3 4 5
6.	Please Rate the Effectiveness of the Local Activity Break (mental illness)	1 2 3 4 5
7.	Please Rate the Effectiveness of the Local Activity Break (pharmacology)	1 2 3 4 5
8.	Please Rate the Effectiveness of the Local Activity Break (panelists)	1 2 3 4 5
9.	Overall, did this broadcast provide useful information for your court?	1 2 3 4 5
10.	How likely is it that you will start a mental health court in your jurisdiction?	1 2 3 4 5

What additional questions do you have about this topic?

How would you improve this program for future broadcasts?

What suggestions do you have for future broadcasts?

Did the time slot of the broadcast work for your court? Is there a better time?

Please fax completed form to Lisa Lightman at 415-865-4330. Thank you!